THE STATE TRADING CORPORATION OF INDIA LTD. KNOW YOUR CUSTOMER (KYC) POLICY

1. Preface

The State Trading Corporation of India Limited (STC) has adopted the Know Your Customer (KYC) Policy as contained herein for implementation by all Divisions and Branches of the Company.

2. Purpose

This Policy lays down the details/particulars/documents to be obtained by STC about potential parties with whom the Company may like to have any business dealing or enter into any contract/agreement/MOU.

3. Definitions

"Party" shall mean and include any Company, Agency, Proprietary Firm, Trust/Foundation, Partnership Firm, Limited Liability Partnership, Individual etc. with whom the Company may like to have any dealing.

"STC" or "Company" means The State Trading Corporation of India Ltd. having its registered and Corporate Office at Jawahar Vyapar Bhawan, Tolstoy Marg, New Delhi or any of its branch/sub-branch office located in various parts of the country.

4. Policy

- a. All Divisions/Branches of STC, before awarding any work order/contract or entering into any agreement/contract//MOU, etc. with any potential party, shall mandatorily obtain certain information/documents about the party as mentioned in the KYC Form annexed to this policy.
- b. The details required in the KYC Form are minimum basic requirement and divisions/branches of STC may ask for additional details/documents from the party keeping in view the specific nature of the transaction, if necessary.
- c. STC or any of its divisions/branches shall not deal with a party, who refuses to share the requisite details in KYC Form.
- d. STC may cross verify the KYC details furnished by the party through available means and the party will have no objection to the same nor will it hold STC responsible for the same in any manner whatsoever.

- e. In case of outsourced services such as Security, Housekeeping, etc., the Company shall obtain KYC details about the concerned agency and shall also obtain a certificate from the agency confirming that the agency has done KYC of all the personnel proposed to be deployed at STC along with their respective KYC details.
- f. Providing KYC details shall not confer any right upon the party to seek orders/contracts from STC and the same shall solely be on commercial consideration and as per applicable rules/guidelines/procedures, etc. of the Company as well as GOI or any other authority.
- g. The KYC details of all existing and new parties shall be updated at least once every year.
- h. This policy shall not apply to dealings with Govt. departments/entities/CPSEs.

5. Date of Effect

This policy will be applicable w.e.f. the date of its approval by the Functional Management Committee of Directors (FMCOD) of STC.

6. Amendments

This policy may be amended anytime with the approval of Chairman and Managing Director of STC. However, replacement of this policy entirely with a new policy shall require the approval of the FMCOD.

7. Disclosure

After its approval by the FMCOD, the policy shall be placed on the website (<u>www.stclimited.co.in</u>) of the Company.

8. General

Notwithstanding anything contained in this policy, the Company may seek any additional information/documents as may be prescribed under any laws/regulations either existing or arising out of any amendment to such laws/regulations or otherwise and applicable to the Company, from time to time.

KNOW YOUR CUSTOMER (KYC) FORM

1.	Category		Individual/Proprietary firm Company Trusts/Foundations Partnership firm / LLP Others (Pl. specify)	Passport size photograph of Individual/ Authorized Signatory, if any
1.	Name of the Individual including alias/ Proprietary Firm/ Company/ Trusts/ Foundations/Partnership firm			
2.	Permanent or Registered address Landline Telephone (with STD code) Mobile No. Fax number E-mail			
3	Principal Business address/es from which business is transacted Landline Telephone (with STD code) Mobile No. Fax number E-mail Website			
4.	Names of Directors/Partners/Proprietor		:	down
5.	Name of Authorized signatory/ies for signing documents relating to the transaction on behalf of the Company/firm.	•		Please provide copy'of Board authorization in favour of authorized signatory in case of companies and specimen signatures of authorized signatory(ies) duly attested by their bankers along with partnership deed or letter of partnership as the case may be (in case of firms).
6,	IEC No. (Not mandatory for individuals)		- Ni - 11	(Pl. attach copy)
7.	PAN No.			(Pl. attach copy)
ana be ssuing	GST Registration No. ereby declare that the particulars given herein above lief, the documents submitted in support of this Fauthority. In case of any change in any of the afwhich the above particulars may be relied upon.	Form KYC	are genuine and obtained	legally from the respective
Place	milon the above particulars may be relied upon.	: ^ }	Signature	
ate	Official Stamp		Name:	
			Designation:	

CHECKLIST OF MANDATORY DOCUMENTS TO BE ATTACHED WITH THE KYC FORM

S.No.	Category	Documents Required
1.	Individual/Proprietary firm	 □ Copy of Passport □ Copy of Pan Card □ GST Registration No., if applicable □ Copy of Aadhar Card □ Attested copy of Bank Statement (by concerned Branch Manager) □ 2 Photographs of Individual/Authorized signatory
2.	Company	 □ Copy of Certificate of Incorporation □ Copy of Memorandum of Association □ Copy of Articles of Association □ Board authorization in favour of the authorized signatory with specimen signatures of authorized signatory (ies) duly attested by their bank □ Copy of telephone bill in the name of the company □ Copy of IEC Certificate □ Copy of PAN of company □ GST Registration No. □ List of Directors □ Copy of Pan Card of Directors □ Copy of Passport of Directors □ Copy of Passport of Directors □ Photographs each of Directors/Partners/Authorized signatories
3.	Trusts/Foundations/ Non-Governmental Organization (NGO)	 □ Certificate of registration □ Board authorization in favour of the authorized signatory with specimen signatures of authorized signatory (ies) duly attested by their bank □ Name and contact details i.e. address, telephone, fax no. & e-mail address of the Founder(s), Trustee(s), Director(s), Partner(s) and Beneficiary(ies) etc. □ Any officially valid document to identify the trustees, beneficiaries and authorized signatories / founders/managers/directors □ Resolution of the managing body of the Trust / Foundation □ Copy of telephone bill in the name of Trust/Foundation □ GST Registration No. □ Copy of Trust Deed □ Copy of Trustee Pan Card □ Copy of Trustee Passport □ 2 Photographs each of Directors/Partners/Authorized signatories
	Partnership firm / Limited Liability Partnership (LLP)	 □ Copy of Registration certificate □ Copy of Partnership deed

17.	<u> </u>			
•			of the authorized signatory with spec d signatory (ies) duly attested by thei	
	-	 Any officially valid docu addresses 	ument identifying the partners and the	eir
2		☐ Telephone bill in the na	ame of firm/partners	
		☐ Copy of IEC Certificate		
	×	☐ Copy of PAN of partner	ship firm	
		□ Copy of PAN of Partner	s	
		☐ GST Registration No.		
		 Copy of Passport of Pai 	tners	
		☐ 2 Photographs each of	Directors/Partners/Authorized signate	ories
Note	certified by Company Form.	Secretary or other authorize	ents mentioned in the checklist du d body to be attached with the KY	Ċ
		re of the firm, to be attached	nents mentioned in the checklis with the KYC Form.	π,
			ry, if any, shall be obtained by the obtained by the obtaing (s) with the party(ies).	ıe
	4. An indemnity on a si (attached) to be subm		g state stamp duty) as per annex	ure
my/our kno legally from	owledge and belief, the docun the respective issuing authors.	ments submitted in support of	e, correct and complete to the best this Form KYC are genuine and obtain any of the aforementioned particula ars may be relied upon.	ned
	a.	N ₄	Sec.	
Place		Oinmat	2	
Place		Signature	:	
Date	Official Stamp			
		Name :	* *	
	gae .	Designation		

Indemnity (to be attached with KYC Form)

I/We			Director/s	(or
Proprietor/s (or) Partner/s (or) Trustee interested in having business relation such interest I / We have submitted the company / trust and the details / in nothing material has been conceal submission I / We hereby further und legal / other liabilities arising out of information of our company / firm / directors / partners / trustees who either represented us / me, including any of its STC.	ns / dea e duly file formation ed and ertake of incor trust or er have	alings with S lled up KYC for on therein and I now in put to indemnify rect, false, it its employed signed the K	TC and pursulorm of my / oure true, corrective true, corrective to the STC from any incomplete deles / profession YC document	ant to r firm ot and e said or al tails onals or has
STC also stand absolved of any trust caused by us / me or our profess the contents and declarations given un	sionals	/ employees	/ representativ	es fo
STC shall also be indemnified for in order to protect its interest or in orditself or for and on behalf of us / me expenses / interest imposed upon, due	der to de, to the	efend any su e extent of n	iit or legal acti noney / cost /	on for legal
Place		Signature		
Date		o.ga.a.o	37	-
		Name:		
	20.00	Designation:		

(to be executed on a stamp paper of Rs.100/-)